VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

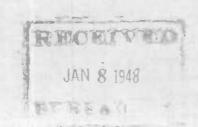
2411 N. Charles St., Baltimore

00599

CERTIFICATE OF DEATH

Reg. Dist. No. 204

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Kurst	State Mary law county Kent
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL und give nearest town)
How long in above place of death?	
georgetown	Streef No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jahre William Blackston	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. col married	20. DATE OF DEATH Jan 4 1948 at 7 30 P. M
8.(6) Name of husband or wife Marian Beacks Fou	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
8.40) Name of nusband of wife	Dec 28 1947, to, Jen 4 1948
7. Birth date of deceased (mo., day, yr.) Wwell 9 1870	and that I last saw h i alive on Der 25
deceased (mo., day, yr.) WWW 7 /8 / 8 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
77 9 26hrsmin.	chron Endo-higo carvelis
	Decoupeus Slove
9. Birthplace Ge cryg chilhy 11 heart la had	Due to. order order order
10. Usual occupation twining reliacel	Due to Hypertusowa
11. Industry or business	puralegues of left orive 17 years
12. Hame John Blacks Dury 13. Birthplace not known	Other conditions
13. Birthplace With Known	(Include pregnancy within 3 months of death)
14. Malden name laral 13.0000 15. Birthplace Kut Co, Mich	
15. Birthplace Kut Co, hick	Major findings of operations
16. Informant hor harrier Beach Ton	Autopsy results.
Address 9 cox sctown P.O Chen Fortown led	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 12 1 10,16	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Cemetery or creptory Slougellacture	Where did injury occur?
Location Georgetown-	Injured at home, farm, Industry, public place (where?)
18. Funeral director Application of the survey of	Means of Injury Injured at work?
	0.0 102
Address Chlatter with the	23. SIGNATURE allert & Burgard M. D. or other
Date rec'd by registrar) 19 40 Journelle Registrar	Address Rock Hall, Ind Date signed 1/4/42



PLEASE WRITE

VS A15



DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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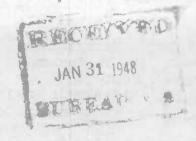
A HOUSE PRODUCE (LICARE) OF DECEASED

00600

CERTIFICATE OF DEATH

Dist. No. 2, 02

County	(For newborn infants give residence of mother) State County Kent
City or town Chestertown. R. D. 3. (1f outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town. Chestert own R. D. 3. Md. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streef No.
How long to hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME Comegys Irving Brown	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH Jan .28 . 1948 19 2 . 30 P
6,(b) Name of husband or wife Nellie Brown	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	Did not attend Investigated death. Signed certificate as Deputy Med. Skam.
deceased (mo., day, yr.) July 22, 1906	Immediate cause of death
0. 100.	Suicide
	Shotgun wound face and head Immediate
9. Birthplace Kent Co Md. (Town, county, and state)	Due to
10. Usual occupation Farmer	
11. Industry or business Farming	Due to
12. Name	Other conditions
	(Include pregnancy within 3 months of death) Major findings of operations.
14. Maiden name Flizabeth England Brown 15. 8irthplace Montgomery Co Md.	Major findings of operations.
16 Informat W	Autopsy results
Address Chestertown P. D. 3 Kent Co. Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Bate thereof Jan. 30, 1948. (Burial, cremation, or removal, Wbich?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, eulcide, or homicide Suicide Bate of an. 28.48 Where did injury occur? HoneChestertown R.D.3 Md.
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Chestertown, Maryland	Injured af home, farm, Industry, public place (where?) Meane of Injury Shotguist Injured at work?
18. Funeral director I fayvin & Williams	
Address Chestutoum, Mary land.	23. SIGNATURE STEPTOWN Med Trends of The Medical States of The Med
19 Jan . 2, 9 1948 Clara S. Barnes. Registrar	Address Date signed The Time To the State of



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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J	000	6	

CERTIFICATE OF DEATH

0()6(11 Reg. Dist. No. 203

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Kent	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Mility Care County Kent
How long In above place of death? 50 Seaso	City or town (1f ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Pincy reck
Piney reck	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
margaret ann Crouch	kkalu Kalulusias kii interilaani
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
fem. 46. widowed	20. DATE DE DEATH January 2 1948 21 100 17.
8.(b) Name of husband or wite. Lunelly Crouch	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of husband or wite	Jana 2 1947 10 Jana 2 1948
	and that I last saw h & alive on the same of the same
7. Sirth date of deceased (mo., day, yr.) Row 11 1874	
8. AGE: Years Months Days It less than one day	Immediate cause of death
22 / 22	Carcinoma of bladder
73 / 22min.	Α
9. Birthplace Occess Grown, county, and state)	DEE TO Ayperleusion
(Town, county, and state)	* * * * * * * * * * * * * * * * * * *
1B. Usual occupation. House he on L	Due to Euron Eado-kigo carvilles
11. Industry or business orange house	Due 10
12. Name Thomas 4 Cecil	Other conditions.
13. Birthplace Oneen ann' 60 Mg	
0 0 0 0	(Incinde pregnancy within 3 months of death)
	Major findings of operations.
\$ 15. Birthplace Caroline Co, hid	Date of op.
16. Interment Charles Croul go	Antonsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Rock 4 Tel, his	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (cday) (year)	Accident, suicide, or homicide
Cemetery or crematory Centravelle Semetery	Where did injury occur? (City or town) (County) (State)
Location Centraville md f	Injured et home, farm, industry, public place (where?)
18. Funeral director Edgan L Lane	Meens of Injury Injured at work?
2/11	
Address Church 7 tell Ma	23. SIGNATURE Alberta Burgard M. D. or other
1/11 1151 & Elmala.	23. SIGNATURE M. D. or other
19. 14 19.48 S Elwood Bugger	Trock Hall, hich pair stand 1/2/48



PLEASE WRITE PLAINLY,

MARYLAND STATE DEPARTMENT OF HEALTH

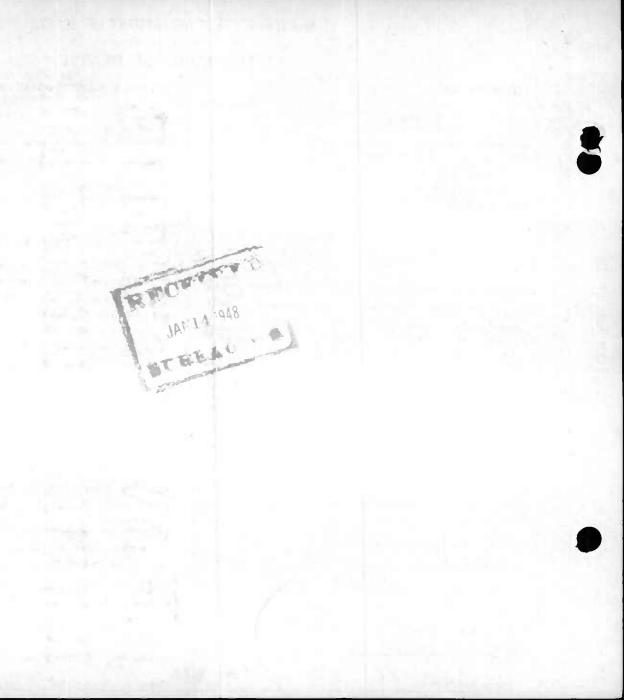
2411 N. Charles St., Baltimore

00602

CERTIFICATE OF DEATH

P 201

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOM		
County	Siate Manyland		
City or town		17- IP 10 4 3	***************************************
How long in above place of death? all Life	Cily or town	on limits, write RURAL and give near	est town)
How long in above place of death?	Street No. Jone	77-9-	
Chrefutonia 110 3		al, give LOCATION)	
How long in hospital or institution?	2.(a) It veleran, name war		
3. (a) FULL NAME	2	3. (b) Social Security N	lumber
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	uson		
	MEDICA	L CERTIFICATION	
Female While Widowod	_ 2D. DATE DF DEATH. Janu	8 19. # F	1 9:35-
(lot) lorge & Dickery	. 21. I CERTIFY that death accurred on the		
6.(b) Name of husband or wife (AAA) C, Culture	Jan 3	1948 10 Jun 8	19 48
7. Birth date of	and that I last saw h	1-7	19 7 1
deceased (mo., day, yr.) February 24 1885	Immediats cause of death	i i	DURATION
8. AGE: Years Months Days It less than one day	0 0	norshase	DONATION .
62 16 15hrs. mir		0 / . /	***************************************
0 1 4.1 12 + C. Mes 1. 1		10	*******************
9. Birthplace Onahu Muh Tunt Co. Manyland (Topm, county, and state)		LA LLY	*******************
1D. Usual occupation. Somewife	Grteriender		10
	Due to Sefferten		***************************************
11. Industry or business Morum	- Chrismende-	mynanes	***************************************
E 12. Name Mosio Lyg	- Dther conditions		
13. Birthplace Kint Co. Mary land	(Include programmy w	ithin 3 months of death)	
14. Malden name Emily Burgu			
15. Birthplace Kint Co. Manyland	Major findings of operations		
		Date of op	
16. Interment Mr. Wallie S. Wilhurson	Antopsy results	se to which death should be charged s	tatistically.
Address Chestelin R.D. 3 Md.			
Buil Buil Bate therent Jan. 11, 1948	22. VIOLENCE: If death was due to extend		
(Buriat, cremation, or removal. Which?) (Buriat, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemelery or crematory	Where did Injury occur?(City or	town) (County)	(State)
Location Chestulone Md.	Injured at home, farm, industry, public p	lace (where?)	
21 · 1 /1/11/2:	Masns of Injury	Injured at work?	_
18. Funeral director.			
Address Chestulium Mary land	- Coller LI	Burgard	
Que 11 40 Mars & Barre	23. SIGNATURE	М. D. о	others
19. Jan. 19. 19. 18. Claux O. Claux	rockt	tall, kellow ind	1/2/41



2411 N. Charles St., Baltimore

00603

CERTIFICATE OF DEATH

Rog. Diat. No. 2 02

	The state of the s
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother) State
Hospital, institution, or street address where death occurred:	Street No. Brown need
	(If rurat, givo LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
James Thomas Elburn	3.(b) Social Security Number
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced W. Are Lower of	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 27 1848 1257
B.(b) Name of husband or wife. Roberta Selvera	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of Garage (mo day yr.) 24 May 29 /86/	and that I last saw h
deceased (mo., day, yr.) ALAY 29 86/ 8. AGE: Years Months Days It less than one day	Immediate cause of death
86 7 29hrs. min.	all age
9. Birthplace Kenned Co MA	Due to Donks Promise Sula
1D. Usual occupation. A attorney	Due to.
11. Industry or business	
12. Name VM. Elbrerer 13. Birthplace Keret Co. M. a	Dther conditions
14. Malden name krazy De Ford 15. Birtholace Krazy Lawn	(Include pregnancy within 8 months of death) Major findings of operations
\$ 15. Birthplace Riary Law	Date of op.
18. Informant hon Ocioci Palsot	Autopsy results
Address Baltimore	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
(Buris), cremation, or removal. Which?) Date thereof (month) (day) (yoar)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Le Della Company La Company	Where did injury occur?
Location Rock Jage Man	Injured at home, tarm, Industry, public place (where?)
18. Funeral director CAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Means of Injury Injured at work?
Address Church / fell md.	23. SIGNATURE auBurgard M.D
19. Jan. 30, 1948 Clara & Barnes. (Pate rec'd by registrar) Registrar	Address Rock talf M. D. Date signed 1/28/12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrected is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 202

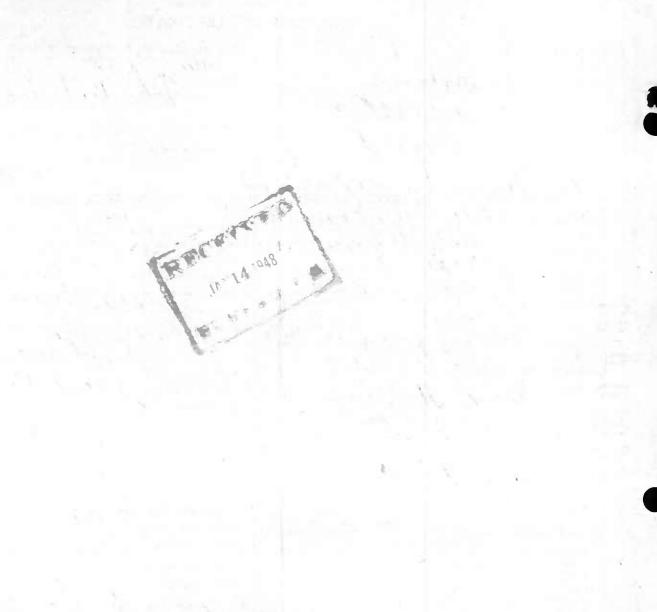
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewborn Infants give residence of mother)
County	Manchave lunt
(If outside city or town leafts, write RURAL and give nearest town)	State County
How long in above place of death?	Cily or town
Hospital, institution, or street address where death occurred:	
A second	Street No
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number 227-01-2509
Willeavel 13 Brown Wirg	227-01-2509
4. 9ex 5. Color of race 8.(a)Single/married, widowed, or divorced	MEDICAL CERTIFICATION
man when westwo	2D. DATE DF DEATH. / Lec. 8 11 - at // OL /
6.(b) Hame of husband or wife Kiell W Drym mrd	21. I BERJIFY that death occurred on the date above stated; that I at ended deceased from
1300000	1 4 to find 1946
7. Birth date of years	and that I last saw h 19.4
deceased (mo., day, yr.)	Immediate cause of depth
8. AGE: Years Months Days If less than one day	A POR Villania / ONG
bin.	2001
9. Birthplace Massey fleet 4 web	Due to. Due to.
(Town, county, and state)	As Ihma yo
1D. Usual occupation.	Due to
11. industry or business	Le Jeste San
12. Name Vaud St. Free arro	Dther conditions
\$ 13. Birthpiacheelleegfon kep	
# 14 Maiden name Survoke UCBures	(Include pregnancy within 3 months of death)
5 Masson VI el	Major findings of operations.
15. Birthplacy	Date of op.
16. Information	Autopsy results
Address 100/85 77 m real	
17 Burial Date thereof Jan. I2, 1948	22. VIOLENCE: If death was due to experient causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (Chester Cem.	1.04//
Cemetery or crematory.	Where did injury occur?
Location Chestertown, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director	Meens of Injury Injured at work?
Chestertown, Md.	and there a ma
Address	23. M. D. Grother
19 Jan. 12 1948 Clara S. Barnes (waterton w
(Date rec'd by registrar) Registrar	Address Date signor

VS A15 9.45-15M

PLEASE WRITE PLAINLY, v is especially is

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00605

Par Diet No. 20 (

1. PLACE OF DEATH: Went	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lafants give residence of mother)
County	State Matylund County Kent
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Vartry Poul	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME 9 isl Hymson	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Levy cal -	20. DATE OF DEATH January 15 1948, 21 5 30 A.
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	Jan 17 19 45, 10 Jan 15 19 48
7. Birth date of deceased (mo., day, yr.) 2 um 14 1948	and that I last saw h. 27 alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
	Regularity
9. Birthplace Worton md	Bue to 6 2 months
(Town, county, and state)	500 10.
1D. Usual occupation	Due fo
11. Industry or business	
12. Name george A Hysson md	Other conditions
2 13. Birthplace Butlertown md	(Include pregnancy within 3 months of death)
14. Malden name Cosselia a Butcher 15. Birthplace Lues torlown, Md	Major findings of operations
\$ 15. Birthplace Laes torlown, Md	Dale of op
16. Informant Gewae Hyprom	Autopsy results.
Address Worton Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burlal, cremation, or removal, Which) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide
Waster (will	Account services of the servic
Cemetery or crematory	Where did injury occur? (City or town) (Connty) (State)
Location	Injured al home, farm, industry, public place (where?)
18. Funeral director. To the Tellows	means of injury injured at works
Address Still Pond May	23 SIGNATURE albert G. Burg and
10 Jan 16 10 48 XIKalaun	M. D. or other
(Date rec'd by registrar) Registrar	Address TOOK HALL, MC Date signed 10/4

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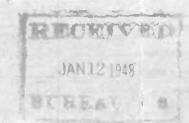
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

				16
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Kent				
City or town. (If outside city or town limits, write RURAL and give nearest town)		UPA1 and give negret town.	State Manyland County Kent	
				City or town Chestertown (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or	street address where	death occurred		
King's	Nursing	Home		Street No(If rural, give LOCATION)
How long in hospital or	Institution?			2.(a) If veteran, name war
3. (a) FULL NAME				3. (b) Social Security Number
Mis	s. Ma	rv El	la Melvin	no
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION
female	white	si	ngle	20. DATE OF DEATH Jan 6 19 48 at 11 A.M
S (ii) Name of buchand	nr wite	none		21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
				Acc 26 19 47, 10 Jan 8- 19 48
7. Birth date of	9 8 8 8 8 9 7 9 7 7 9 7 7 9 7 9 7 9 9 9 9) If alive, give ageyears	and that I last saw h alive on fau 5
deceased (mo., day, y			I 8 5 4	Immediato cause of death Chr. Mybrundelos DURATION
8. AGE: Years	Months	Days	it less than one day	
93	II	20	hrs,min.	
9. BirthplaceK	ent Co	long and s	in d	Due to Orteno pelerosis
1				
11. Industry or business				Due to
		Molaria	1	
F	faryland	is an idea order of a select		Dither conditions
		A		(Include pregnancy within 8 months of death)
14. Malden name 15. Birthplace			137	Major findings of operations.
15. Birthplace	Delawa	re		Date of op.
18 Informant MI	rs. Harr	v Culs	<u> </u>	Autopsy results
	iddletow			PHYSICIAN: Please underline the cause to which death abould be charged statistically.
				22. VIOLENCE: It death was due to external causes, fill in the following;
17 Buria	or removal. Which?	Date there	of Jan. 9, 1948 (month) (day) (year)	Accident, suicide, or homicide
			CANNY.	Where did Injury occur?
Location Ch	estertow	n, Md.		Injured at home, farm, Industry, public place (where?)
18. Funeral director	J. Will		7.5	Means of Injury Injured at work?
Address	Chester			JAH Hamilton
1	-	V	1 4 16.0	23. SIGNATURE M. D. or other
19. ask.	7 19.4.8	Gal.	ward Tellows	Millington md note street /6/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9401

00607 Reg. Diat. No. 201

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County J. C. M. J. C. County J.	(For newborn infants give residence of mother)
Cliy or town (If outside city or town limits, write RURAL and give nearest town)	State Mary Land County & County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Sireet No. Il witon gud
	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charlie Mossis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male Colored Hidowes	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 19.48 21 1 P M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(b) Name of husband or wife	Jan 29 1848 10 Jan 31 1848
7. Birth date of deceased (mo., day, yr.)	and that I last saw hearth alive on Jun 29 19
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
59hrsmin.	Coronary Chrombosia 2 Rays
R. Rithplace Skout Co und	
(Town, county, and state)	Due to
10. Usual occupation.	
11. industry or business of army atlas Counterwood	Due to
12. Name Thilliam Quaris	Diher conditions.
13. Birtholace East India	
Chip. S. II	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
15. Birthplace Sent Co md	Date ot op.
16. Informant Michaelas Michaelas	Autopsy results.
Address 5344 Philadelphia Pa	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, oremation, or removal, Which?) [Burial, oremation, or removal, Which?]	22. VIOLENCE: if death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (mouth) (day) (year) Cemetery or crematory taxataxax	
Cemetery or crematory.	Where did injury occur?
Location Tolow, Ma.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. 13 M Attellerus	Means of Injury Injured at work?
Address Still fond and	22 SIGNATURE JX Thom/200
19. Fet 2 1848 IMbelant?	23. SIGNATURE M. D. or other
(Ilate rec'd by registrar)	Additional Section of the second Section of the sec



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimoro

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Rog. Dist. No. 200

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Thursday County Lend
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Carrest Leon Sch	ofueld 216-10-0555
4. Sex 5. Color or race 6.(d)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While Maderada	20. OATE OF DEATH
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. 8irth date of Section 1. Section 2. Secti	and that I last saw half halive on Sand & 19 48
deceased (mo., day, yr.) 20013 1881.	
8. AGE: Years Months Bays If less than one day	Immediate cause of death OVATION Occlusion Stanfaute
66 2 0min.	
9. Birthelace It redricktown and.	Due to arterior scherole N. au. (-124)
(Town, county, and state)	Cardio - Russ Dissar
10. Usual occupation	Due to.
11. Industry or business	
12. Name Control Control 2016	Other conditions Al one
\$ 13. Birthplace Coult Change Trust	
14. Maiden name anna ama am Carpperly	(Include pregnancy within 8 months of death)
14. Maiden name.	Major findings of operations.
16. Informant	Antopsy results
Address Leagestown and	
(Burial, eremation, or removal, Which?) Gate thereof (menth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Lovergelown and	Injured at home, farm, Industry, public place (where?)
18. Funeral director 1318 Hellows	Means of Injury Injured at work?
Address Still Fond, md.	Charles S
90, 23 48 50 - 0. of much	23. SIGNATURE M. D. or other
19. Date rec'd by registrar)	meddletonn del per 1/22/48



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

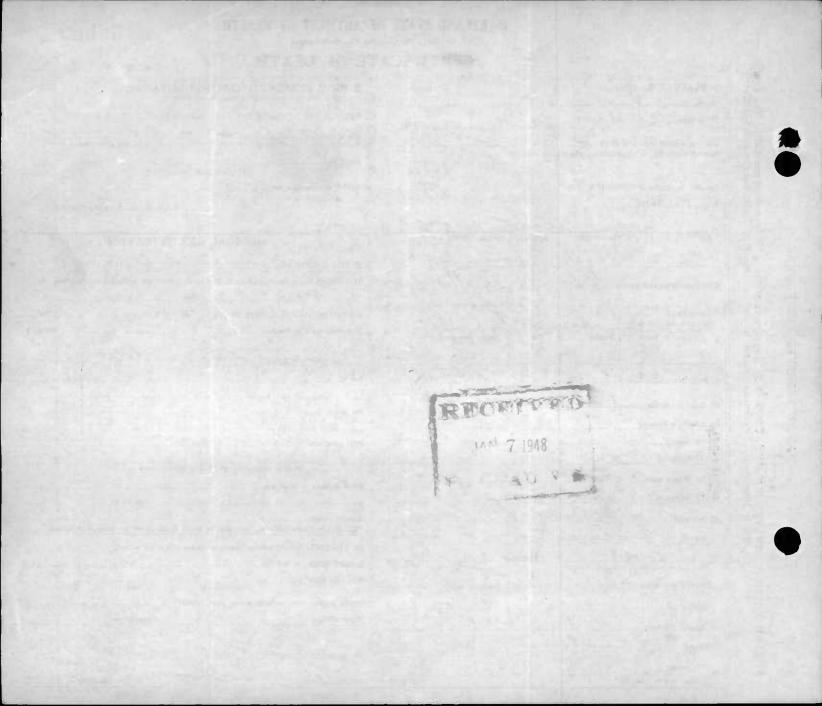
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00609

Reg. Diat. No. 204

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mangland County Centralines Co
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
~	(If rural, givo LOCATION)
Now long in hospital or institution?	2.(a) It veteran, name war.
Nova alice Wald	3. (b) Social Security Number
4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White widow	20. DATE OF DEATH Acrossy 3 26. 1948 21 1230
8.(6) Name of husband or wife Letters . M. Waldress	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that t last saw halive on 1957
deceased (mo., day, yr.) January . 1866	Immediate canse of death
8. AGE: Years Months Dafs It less than one day	
	aline pudveastles 4for
9. Birthplace (Town, country, and atate)	Due ta
10. Usual occupation Thomas Month.	Due to
11. Industry or business	DUE 10.
12. Name Daniel Suckley 13. Birthplace Charoline	Other condition of the felices 4900
	(Include pregnancy within 8 months of death)
14. Maiden name textiin living to 15. Strippiace Casaluse 200.	Major findings of operations.
\$ 15. 8trthplace Passence pto.	Date of op
Address Oberleiters & R mil	Antopsy results
11-1-10	22. VtOLENCE: It death was due to external causes, fill in the following;
17	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Septem 772	Injured at home, farm, industry, public place (where?)
18. Funeral director. 2177 2 Kralled	Means of Injury tnjurød, at work?
Address Preston min	1 11 11
Jan 3 45 FOFShith	23. SIGNATURE M. D. of other
Dato rec'd by registrar) Rogistrar	Address Ullesleslesles Date signed law 3/44



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0(1611) Reg. Diat. No. 201

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Land-	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Maryland County July
(If outside city of town limits, write RURAL and give negrest town)	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	D D
	Sireel No. (If rural, give LOCATION)
How long in hospital or institution?	
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mehoda Grisby	12 1/2 220-12-0384.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divoced	MEDICAL CERTIFICATION
Herusto Colosed married	20. DATE OF DEATH 2011 75 19.48 at 6 P. M
8 (h) Name of husband or wife Rease 11. The lley	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8.(b) Name of husband or wife	2.1 och 11 ma dean occurred on me date above stated, mas 1 are mode decreased from 19.48
7. Birth date of	1 - V
deceased (mo., day, yr.) mar 9 1903	and that I last saw here on James 20 19 48
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
44 10 11hrsmin.	slow Sudo - Regocartilis
	Decempensation
9. Birthplace (Town, county, and state)	Dye to Dublish 22 Mar
10. Usual occupation	Buata
11. Industry or business	
12. Name Charles & Crashy	Dither conditions
12. Name Charles & The Startes	
E 04-1-0 16 1	(include pregnancy within 8 months of death)
14. Maiden name. And Charles Jane Insuand.	Major findings of operations
\$ 15. Birthplace Stell Fond and.	Date of op.
18. Informant / Clese Halley	Autopsy results.
Address Morling med Reeral	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Ruless - John M. Mark	22. VIOLENCE: If death was due to external causes, filt in the following;
(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory	
Location Colemans Thoron, Ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director. BM Ot Ollows	Means of Injury Injured at work?
Address Still Fond and	and a da a Barraga
den ou No and a.h	23. SIGNATURE. M. D. OB-OTHET
Date rec'd by registrar Registrar	Address Rock Hall hed Date signed 1/22/48

